



January 22, 2014

Health and Medicine Policy Research Group  
Re: Illinois "*Path to Transformation*" 1115 Waiver Draft  
29 E. Madison, Suite 602  
Chicago, IL 60602

To Whom It May Concern:

Please accept our comments to the draft 1115 Waiver, through which the State of Illinois seeks to become a national leader in Medicaid service delivery. CSH is the national supportive housing industry leader, whose mission is to advance solutions that use housing as a platform for services to improve the lives of the most vulnerable people, maximize public resources and build health communities. We applaud and affirm the goal of this waiver to "Support linkages between health care delivery systems and services that directly impact key social determinants of health, including housing and early intervention home visitation services, along with goals that promote access and preference for community-based services.

Pathway 1: Transform the Health Care Delivery System

We urge the Department of Healthcare and Family Services to incorporate specialized outreach and case management for people experiencing homelessness, particularly chronic homelessness (long-term homelessness coupled with a disability), as a best practice model of care in the proposed "Hub" system.

Healthcare services targeted to high-cost, high-need persons who are transient or living unsheltered will require long-term trust and person-centered services that are not based in offices. HFS and Managed Care Organizations should subcontract with non-profit organizations who are experienced with capacity and a history of performance in services targeted to the “hardest to serve” populations. This could extend beyond reaching people experiencing homelessness, and into other populations such as those transitioning from jail or prison, or other institutional settings.

For homeless individuals with multiple, complex medical and psycho-social challenges, access to continuous, coordinated care in the community can be a significant challenge resulting in repeated use of costly ambulance, emergency department, and hospital inpatient services. Successful engagement and continuous delivery of health care services for this population requires assertive outreach strategies (into shelters, emergency rooms, jails, detox facilities or the streets) and a highly-coordinated service approach managed by a multidisciplinary team of health and behavioral health professionals with expertise in their unique needs - including case managers, peer support specialists, addiction counselors and patient navigators. For homeless individuals, the ability to find and maintain affordable, accessible housing is a key determinant of improved health and stability. A study that followed the outcomes of patients discharged from in-patient care concluded that when patients are in need of both residential and psychiatric services, "housing interventions are more important than psychiatric services for patients' ability to stay in the community", as measured by the rate of re-hospitalization during a six-month period (Rosenfield J., *Community Psychol*, 1991:19:1). Once in housing, individuals with serious behavioral health issues often need additional support to stay continuously engaged in health care services (including transportation to appointments, medication management, health service navigation, assistance with acquiring/maintaining health insurance, recovery support, 24-7 crisis intervention, ADL support, etc.) and maintaining housing (rental assistance, budget management, landlord-tenant mediation, general household maintenance). These

case management supports are critical to improved health and health care for this population but typically lie outside the scope of clinic or hospital-based care coordination efforts.

We agree with the identification of need for respite care services. However, left out of this proposal is the role of supportive and affordable housing in the continuum of housing for this target population. As indicated in the first concept paper, the state is interested in identifying sources for housing assistance for complex populations. We urge the recognition of the need for sustainable housing options beyond respite settings. All respite settings must have a time limit and comply with identifying and transitioning to community, integrated settings and not recreate endless nursing home stays for “new” groups. Also, if HFS is to focus on justice-involved population then it also must provide healthcare coverage for people immediately upon release from a correctional setting. This will be needed for both respite care as well as other community-based care.

As it relates to the Nursing Facility Closure and Conversion Fund, we affirm the need for closures, and an opportunity to incentivize closure and phase out. We are concerned about the conversion strategy for several reasons and suggest striking the conversion aspect:

1. There needs to be a clearer determination of what sites will convert to and the framework for such proposals.
2. The cost for conversion and rehab needed on any site may not be cost effective and the state may want to consider an alternative for overall assessment of site feasibility.
3. The focus on this section goes more to the facility and detracts from the patient/person – whereas the purpose of this waiver is to improve services and health outcomes

## Pathway 2: Build Capacity of the Health Care System for Population Health Management

Missing from this section is the expansion of supportive housing services to include a wider array of case management and housing tenancy supports that are vital to people with disabilities and chronic health conditions to keeping their housing and therefore access to healthcare. We suggest the state in its Waiver incorporate the following services into its delivery system that apply to all people who are Medicaid-eligible and that can be delivered in a housing-based setting or in conjunction with accessing stable housing.

- Crisis management;
- Case management;
- Patient navigation and care coordination services (including linkages with Health Homes);
- Counseling;
- Relapse management;
- Linkages to community resources;
- Education and employment assistance;
- Landlord-tenant mediation;
- Entitlement advocacy;
- Budgeting and help with legal issues.
- Medication management/monitoring,
- Tenancy supports,
- Independent living skills training,
- Job skills training/education,
- Domestic violence intervention,
- Support group/self-determination/life satisfaction,
- Individual counseling, reengagement
- Discharge planning

We also request that HFS take this opportunity under 1115 and other Medicaid alignment to change the parameters for providers to engage in Medicaid service delivery. Specifically, find alternative paths that affirm agency quality and capacity but reduce time and money it takes to achieve state certification as it currently stands. In order to deliver the amount and array of services to new and old Medicaid populations, the state will need more qualified providers and to get them on-line in a reasonable period of time.

#### Pathway 4: LTSS Infrastructure, Choice, and Coordination

We urge the state to incorporate the need for community-based housing as a component of the Universal Assessment Tool and in become ingrained in the assessment of need. Additionally, this waiver is an opportunity to replicate the best practices and successes of the Williams Consent Decree – person-centered services delivered by specialized teams to apply to people with Serious Mental Illness and co-occurring disorders who are not a part of any “Class.”

#### Conclusion

We applaud the State of Illinois for aggressively pursuing opportunities to expand and improve Medicaid for the most vulnerable residents in Illinois. We cannot overstate the importance of identifying and incentivizing both state agencies and Managed Care entities who will deliver Medicaid services to partner with supportive housing and other experienced community-based providers on the hardest-to-serve populations and find ways to meet the need of housing as a determinant of health.